

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0024309 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 06/28/2011 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female whose date of injury is 06/28/2011. The mechanism of injury is described as repetitive motion. She is status post left carpal tunnel release and radial tunnel release in March 2013 and right carpal tunnel release and radial tunnel release in October 2013. Consultation dated 04/02/14 indicates that the reports headaches. She feels that these originate in the neck and pull forward from her occiput. Medications are listed as Norco, Tramadol and Robaxin. She denies paresthesias or changes in sensation. Sensation is intact. Deep tendon reflexes are 2+/4. Strength is +5/5. Assessment is cervicogenic headaches and chronic post traumatic headaches. Evaluation dated 04/22/14 indicates that there is no evidence on physical examination to indicate the presence of cervical radiculopathy. Daily note dated 06/03/14 indicates that the injured worker has completed 3 visits of therapy. She reports feeling better after myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OCCUPATIONAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. In this case, the patient's physical examination fails to establish the presence of active cervical radiculopathy. Additionally, the request is nonspecific and does not indicate the level, laterality or approach to be performed. Therefore, the request for occupational therapy is not medically necessary and appropriate.

CERVICAL EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Furthermore, the request is nonspecific and does not indicate the frequency and duration of requested occupational therapy. Therefore, the request for cervical epidural steroid injections is not medically necessary and appropriate.